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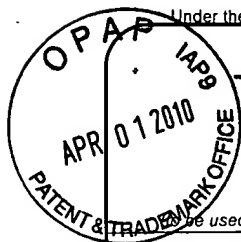
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**TRANSMITTAL  
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Total Number of Pages in This Submission 32

Application Number 09/891,913

Filing Date 06/26/2001

First Named Inventor Tara Chand Singhal

Art Unit 3692

Examiner Name Monfeldt, Sarah M.

Attorney Docket Number 11195.33

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**Remarks**

Notice of Appeal was filed on 02/02/2010. The appeal brief is timely filed within 60 days of filing the Notice. A fee of \$270 for small entity by check is enclosed with this filing of the Appeal Brief.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Not applicable		
Signature			
Printed name	TARA CHAND SINGHAL		
Date	03-29-2010	Reg. No.	

**CERTIFICATE OF TRANSMISSION/MAILING**

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Signature			
Typed or printed name	TARA CHAND SINGHAL	Date	03-29-2010

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